## LZ0000212266

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(Business Entity Name)					
(Document Number)					
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## **COVER LETTER**

## TO: Registration Section Division of Corporations

MANYA BOTANIKA LLC

SUBJECT: \_\_\_\_\_

Name of Limited Liability Company

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The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROSELINE PIERRE

MANYA BOTANIKA LLC

Firm/Company

Name of Person

6813 SUNSET STRIP

Address

SUNRISE, FL 33313

City/State and Zip Code ROSELINE84@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSELINE PIERE	7.54	123-3281
Name of Person		Davtime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

<b>ARTICLES OF AMENDMI</b>	ENT	
ТО		
<b>ARTICLES OF ORGANIZA</b>	TION	
OF	2929701 2.0	/∷ 8:55

MANYA BOTANIKA LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabil</u>	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company." the designation "I.I.C" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	······	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

Citv

If Changing Registered Agent, Signature of New Registered Agent

Florida \_

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

## MGR = Manager

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AMBR =	Authorized Member	
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2020 AU 20 AT 8:55

<u>Title</u>	Name	Address	Type of Action
PR	ROSELINE PIERRE	6813 SUNSET STRIP.SUNRISE, FL 33313	🗋 Add
			🗆 Remove
			□ Change
VP	EDIE FRANCOIS	6813 SUNSET STRIP.SUNRISE, FL 33313	🖬 Add
			🗆 Remove
			🗋 Change
			🗆 Add
			🗆 Remove
			🗋 Change
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D. If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
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		······	
<u>Note:</u>	ective date, if other than the date of filing:	(optional) than 90 days after filing.) Pursuant to 605.0207 (3) equirements, this date will not be fisted as the	∣b)
If the record record is ti	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t tiled.	the earlier of: (b) The 90th day after the	

Dated	7-13-	2020	_ <u></u> .		·	
		Fc2	$\frac{S-p-1/25}{Signature of a m}$	Ember or a	<u>i evr e</u> uthorized repr	esentative of a member

Roseline Pierre

Filing Fee: \$25.00